## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	As a below named inventor, I hereby of verily believe that I am the original, find (if plural inventors are named below)	rst and sole inventor ( if only	one inventor is named below) or a	an original, first and joint inventor				
Insert Title:	MOBILE TERMINAL WITH PERSONAL AUTHENTICATION FUNCTION AND MOBILE TERMINAL SYSTEM							
	the specification of which is attached h	ereto. If not attached hereto,						
Fill in Appropriate Information -				as				
	and amended on							
Without Specification Attached:	the specification was filed on		( if applicable); and/or as PCT					
	International Application No							
	amended on		; and was (if applicable)					
	I hereby state that I have reviewed by any amendment referred to above.  I acknowledge the duty to disclose \$1.56.  I do not know and do not believe thereof, or patented or described in an prior to this application, that the same application in any country foreign to the more than twelve months (six months on this invention has been filed in an representatives or assigns, except as for the property of the prope	e information which is material to the same was ever known or y printed publication in any c was not in public use or on sait been patented or made the see United States of America or for designs) prior to this apply country foreign to the United Dilows.  enefits under Title 35, United and have also identified below	to patentability as defined in Title used in the United States of Amountry before my or our inventigle in the United States of America subject of an inventor's certifican an application filed by me or mication, and that no application fed States of America prior to this States Code, §119 (a)-(d) of any any foreign application for paten	e 37, Code of Federal Regulations, nerica before my or our invention on thereof or more than one year a more than one year prior to this te issued before the date of this ty legal representatives or assigns or patent or inventor's certificate is application by me or my legal				
Insert Priority Information:	Prior Foreign Application(s)	out on which profity is class						
	2002 002005	Japan	03/28/2003	Priority Claimed				
(if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	👸 🗓				
•		(************	(Product Day 1 Total Filed)	Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
		×						
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
Insert Provisional Application(s):	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
	(Application Number)			(Filing Date)				
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for an the Filing Date of this Application:	y Patent or Inventor's Certific	cate Filed more than 12 months	(6 months for designs) Prior to				
Insert Requested Information: (if appropriate)	Country	Country Application Number		Date of Filing (Month / Day / Year)				
Insert Prior U.S. Application(s):	I hereby claim the benefit under Title 3 insofar as the subject matter of each of in the manner provided by the first para which is material to patentability as defiling date of the prior application and to	he claims of this application is agraph of Title 35, United Sta fined in Title 37, Code of Fe	s not disclosed in the prior United tes Code, §112, I acknowledge the deral Regulations. §1.56 which	d States and/or PCT application he duty to disclose information became available between the				
(if any)	(Application Number)	(Filing Date)	· (Status - pate	ented, pending, abandoned)				
Page 1 of 2	(Application Number)	(Filing Date)	(Status - pate	ented, pending, abandoned)				

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292 P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:								
Full Name of First or Sole Inventor:	GIVEN NAME FAMILY NAME		INVENTOR'S SIGNATI	INVENTOR'S SIGNATURE		DATE*		
Insert Name of Inventor Insert Date This Document is Signed	Hidenori KUWAJIMA		Hidenori K	UWAJIMA	Mar 11 . 2004			
Insert Residence	Residence (City, Sta	• •		CITIZENSHIP				
Insert Citizenship	Higashi Hiroshima-shi, Hiroshima, Japan  Japan							
Insert Mailing Address	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	2-13-1, Hachihonmatsu, Iida, Higashi Hiroshima-shi, Hiroshima 739-0146 Japan							
Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATU	RE	DATE*			
see above	Residence (City, State & Country)			CITIZENSHIP	CITIZENSHIP			
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	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATUR	RE	DATE*	1		
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	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth	0.0.5					╛		
Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATUR	RE	DATE.	l		
see above	5							
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	MAILING ADDRESS (Complete Street Address including City, State & Country)							
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Full Name of Fifth	GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE				,	1		
Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATUR	IE	DATE.	I		
see above	Residence (City State & Country)			TOUTING HE	Tolygonolus			
	Residence (City, State & Country)  CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
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Page 2 of 2 Revised 01/02)								
	* DATE OF SIGNATURE							